



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7307

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/804,312 | FILING OR 371(c)<br>DATE<br>03/18/2004<br>RULE | CLASS<br>601 | GROUP ART UNIT<br>3766 | ATTORNEY DOCKET<br>NO.<br>04644-097002 |
|-----------------------------|--|--------------|------------------------|--|

## APPLICANTS

Gary A. Freeman, Newton Centre, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/794,320 02/27/2001 ABN which is a CIP of 09/498,306 02/04/2000 ABN  
and is a CON of PCT/US01/03781 02/05/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/30/2004

|   |   |                         |                       |                            |
|---|---|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MA                         | SHEETS<br>DRAWING<br>12 | TOTAL<br>CLAIMS<br>17 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged<br>Examiner's Signature |                         |                       |                            |

## ADDRESS

26161

## TITLE

Integrated resuscitation

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------|---|---|